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ABSTRACT

This annotated bibliography on substance use by youth with disabilities and chronic illnesses lists references published since 1980 that directly address the special developmental needs of adolescents and young adults. The bibliography's scope includes all disabilities and the use or abuse of a wide range of drugs--alcohol, illicit drugs, nicotine, and non-medicinal use of prescribed drugs. The approximately 80 books and journal articles listed are arranged into a general section and a section on training materials. The general section is subdivided by disability type: mental retardation; learning disabilities and attention deficit disorders; mental illness and emotional disturbances; sensory disabilities; other physical disabilities; chronic illnesses; and multiple disability groups. The training materials section describes approximately 20 curricula, booklets, braille materials, and videotapes. A treatment selection checklist concludes the resource guide. The checklist lists questions to ask in selecting a treatment program, based on its philosophy and program structure, treatment components, educational services, aftercare, family involvement, staff, and finances. (JDD)

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CYDLINE Reviews:

Substance Use by Youth with Disabilities and Chronic Illnesses (Second Edition)

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A project of the:

Society for Adolescent Medicine
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The National Center for Youth with Disabilities is a collaborative project of the Society for Adolescent Medicine and the Adolescent Health Program at the University of Minnesota. The Center is supported through a grant from the Bureau of Maternal and Child Health and Resources Development, Division of Services for Children with Special Health Needs, Department of Health and Human Services, #MCJ27361-010. The Center's mission is to raise awareness of the needs of youth with disabilities; foster coordination and collaboration among agencies, professionals, parents, and youth in planning and providing services; and provide technical assistance and consultation.

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National
Center for

Youth with Disabilities

The National Center for Youth with Disabilities (NCYD) is committed to raising awareness of the needs of adolescents and young adults with chronic illnesses and disabilities. In keeping with this mission, we have prepared this annotated bibliography on substance use by youth with disabilities and chronic illnesses. This is one in an ongoing series of NCYD annotated bibliographies–others include topics such as the transition from pediatric to adult health care, issues related to chronic illness for school personnel, decision-making, and general issues for professionals, youth, and parents. We hope that you will read through this bibliography and share it with anyone you believe would benefit from the information.

There is a fair amount of information on substance use regarding people with disabilities; this bibliography captured only those references published since 1980 that directly addressed the special developmental needs of adolescents and young adults, although many of the more generic references could pertain to youth as well. While NCYD searched for information on all disabilities and on the use or abuse of a wide range of drugs–alcohol, illicit drugs, nicotine, and non-medicinal use of prescribed drugs–it was found that the published literature and training resources tend to cluster around a few disabilities and just a few types of drugs. Substance use by youth with chronic illness, in particular, receives scant attention.

The information in this bibliography is drawn from the computerized database of the NCYD Resource Library. The Resource Library has several files which cover a wide range of biopsychosocial issues related to youth with disabilities and chronic illnesses. If you would like further information on the Resource Library, or the Center overall, please call us at **1-800-333-6293.**

We hope this information will be useful to you and would very much appreciate hearing from you.

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I. BIBLIOGRAPHIC MATERIALS

A. MENTAL RETARDATION

AUTHOR DiNitto DM; Krishef CH;
TITLE **Drinking patterns of mentally retarded persons.**
SOURCE *Alcohol Health Res World* 1983 Winter; 8(2): 40-2;

ABSTRACT The purpose of this survey was to determine the degree of alcohol use among persons who are mentally retarded. Interviews with 214 young adults were conducted to discover if these individuals drink alcoholic beverages, their drinking patterns, and what problems they might experience as a result of drinking. This study indicates persons who are mentally retarded do drink and that service providers need to be aware of their drinking-related activities.

AUTHOR Edgerton RB;
TITLE **Alcohol and drug use by mentally retarded adults.**
SOURCE *Am J Ment Defic* 1986 May; 90(6): 602-9;

ABSTRACT This report describes ethnographic research on four samples of young adults, age 25–34, with mental retardation: candidates for independent living, individuals currently living independently, black inner city residents, and individuals who were formerly institutionalized. Compared to their peers, parents, siblings, and spouses, participants: used less alcohol and other drugs, were less often labeled as substance abusers, and less often engaged in deviant or criminal behavior associated with these substances. This finding was explained by neither lack of availability nor a lower rate of psychosocial problems associated with chemical abuse in other populations. The low levels of chemical use in these samples appear to be the effect of socialization (e.g., positive reinforcement for abstinence) and the perceived harmful consequences of drug use.

AUTHOR Huang AM;
TITLE **The drinking behavior of educable mentally retarded and nonretarded students.**
SOURCE *J Alcohol Drug Educ* 1981; 26(3): 41-50;

ABSTRACT The drinking behavior of 377 adolescents, 13–18 years of age, who are mentally retarded was examined to determine the extent of alcohol consumption, and to identify social and demographic variables related to drinking behavior. Results indicate there was significantly more alcohol consumption among adolescents without mental retardation than among adolescents who are mentally retarded, but drinking patterns between the two groups were very similar.

AUTHOR Krishef CH; DiNitto DM;
TITLE **Alcohol abuse among mentally retarded individuals.**
SOURCE *Ment Retardation* 1981 Aug; 4(19): 151-5;

ABSTRACT This study examines alcohol abuse among 104 persons, 18–45 years of age, who are mentally retarded. Questionnaires completed by professionals with the Association for Retarded Citizens and Alcohol Treatment Programs indicated that the majority of individuals who are mentally retarded and abuse alcohol are single males between the ages of 18 and 35.

AUTHOR MacEachron AE;
TITLE **Psychotropic and general drug use by mentally retarded persons: A test of the status model of drug use.**
SOURCE *Child Youth Services* 1983 ; 6(1-2): 89-101;

ABSTRACT The status model of drug use attempts to predict drug use according to one's employment status, physical health status, mental status, and institutional status. The purpose of this study was to test the status model of drug use on a sample of 7,392 adults and adolescents (13–21 years of age) who are mentally retarded and who take prescribed psychotropic drugs. Results support the status model of drug use.

AUTHOR Rychkova LS;
TITLE **Clinical characteristics of early alcoholism in adolescents with slight mental retardation of exogenous etiology.**
SOURCE *Soviet Neurology Psychiatry* 1986 Fall; 20(3): 55-63;

ABSTRACT Researchers examined the clinical-psychopathological features of early alcoholism in 122 youths, ages 8–18, with mild mental retardation. Results indicate that alcoholics with mental retardation develop symptoms of alcohol dependency syndrome three to four times more rapidly than youths at large. Symptoms include: intellectual deficiency; disorders in memory, attention and emotions; reduced psychomotor activity, communicability, and physical productivity; and social maladjustment.

AUTHOR Westermeyer J; Phaobtong T; Neider J;
TITLE **Substance use and abuse among mentally retarded persons: A comparison of patients and a survey population.**
SOURCE *Am J Drug Alcohol Abuse* 1988 ; 14(1): 109-23;

ABSTRACT This study was conducted to explore substance abuse among persons who are mentally retarded. Through personal interviews, substance use, family history, and the psychological, family and social problems associated with substance abuse were studied. In this sample of 80 individuals 18–50 years of age, it was found that substance abusing (SA) individuals began drinking at a mean age of 17.5 years, whereas a control group of individuals with mental retardation who did not abuse alcohol began drinking at a mean age of 20.5 years. SA's were also more likely to report childhood solvent-inhalant abuse.

AUTHOR Zetlin AG;
TITLE **Mentally retarded teenagers: Adolescent behavior disturbance and its relation to family environment.**
SOURCE *Child Psychiatry Hum Dev* 1985 Summer; 15(4): 243-64;

ABSTRACT Study of the relationship between adjustment problems and family environment in young adults (23–33 years of age) with mild mental retardation. Among other findings, results indicate that drug and alcohol abuse was not significantly associated with different family environments.

B. LEARNING DISABILITIES, ADD

TITLE **Judge forbids expulsion of handicapped youth involved in drug deal.**
SOURCE *Educ Handicapped* 1984 Mar; 10(6): 4;

ABSTRACT A U.S. District Court judge ruled that a 14-year-old boy with a learning disability could not be expelled from school because of his involvement in a drug deal in school since his action was caused by his disability which "prevented him from comprehending or giving long term consideration to the consequences of his action."

AUTHOR August GJ; Stewart MA; Holmes CS;
TITLE **A four–year follow–up of hyperactive boys with and without conduct disorder.**
SOURCE *Br J Psychiatry* 1983 Aug; 143: 192-8;

ABSTRACT A follow-up study compared male adolescents who are hyperactive to those who are hyperactive and have a conduct disorder. Findings of this sample of adolescents with a mean age of 13.9 years suggest that those adolescents who are hyperactive and have a conduct disorder tend to be more aggressive, noncompliant, egocentric, antisocial, and use more alcohol and drugs than those adolescents who are merely hyperactive.

AUTHOR Bruck M;
TITLE **The adult functioning of children with specific learning disabilities: A follow-up study.**
SOURCE *Adv Appl Dev Psychol* 1985; 1: 91–129;

ABSTRACT In a study of the academic, occupational, social, and emotional status of 101 youth (17–29 years of age) who had been diagnosed as learning disabled in childhood and a group of non–disabled peer controls, no differences in heavy alcohol or other drug use were found between the two groups.

AUTHOR Cantwell DP;
TITLE **Families with attention deficit disordered children and others at risk.**
SOURCE *J Chem Depend Treat* 1988 ; 1(2): 163-86;

ABSTRACT In this literature review, attention deficit disorder is analyzed from a clinical point of view from childhood to adult life. Emphasis is placed upon the association between attention deficit disorder and substance abuse, behavior problems, and affective disorders. Recommendations are made to treat attention deficit disorder with a multi-model therapeutic intervention approach.

AUTHOR Clampit MK; Pirkle JB;
TITLE **Stimulant medication and the hyperactive adolescent: Myths and facts.**
SOURCE *Adolescence* 1983 Winter; 18(72): 811–22;

ABSTRACT This review article explores the factors leading to the belief that stimulant medication ceases to be effective for treating hyperactivity when a patient reaches adolescence. Research indicates that adolescents treated with stimulant medication are no more likely than a control population to exhibit antisocial behavior or engage in drug abuse.

AUTHOR Gittelman R; Mannuzza S; Shenker R; et al.;
TITLE **Hyperactive boys almost grown up. I. Psychiatric status.**
SOURCE *Arch Gen Psychiatry* 1985 Oct; 42(10): 937-47;

ABSTRACT Study of 101 adolescents, ages 16–23 years, diagnosed in childhood, noting persistence of attention deficit disorder in one-third, conduct disorders and/or substance abuse in many.

AUTHOR Greenfield B; Hetchman L; Weiss G;
TITLE **Two subgroups of hyperactives as adults: Correlations of outcomes.**
SOURCE *Can J Psychiatry* 1988 Aug; 33(6): 505-8;

ABSTRACT A 15 year follow-up study examined the relationship between hyperactive syndrome and negative psychosocial outcomes in 61 adults. Results indicate that moderate or severe hyperactive syndrome, as opposed to mild hyperactive syndrome, is associated with antisocial behavior, substance abuse, and emotional difficulties. The importance of early identification and ongoing treatment of hyperactive syndrome is stressed.

AUTHOR Hartsough CS; Lambert NM;
TITLE **Pattern and progression of drug use among hyperactives and controls: A prospective short-term longitudinal study.**
SOURCE *J Child Psychol Psychiatry* 1987; 28(4): 543-53;

ABSTRACT The pattern and progression of drug use during a one year period was compared in 101 adolescents, ages 13–18, with and without hyperactivity. Results show that adolescents with hyperactivity tend to use tobacco significantly more and tend to have less predictable patterns of drug use than adolescents without hyperactivity.

AUTHOR Hechtman L; Weiss G;
TITLE **Controlled prospective fifteen year follow-up of hyperactives as adults: Non-medical drug and alcohol use and anti-social behaviour.**
SOURCE *Can J Psychiatry* 1986 Aug; 31(6): 557-67;

ABSTRACT This follow-up study of 61 adults (mean age of 25 years) was conducted to determine alcohol and drug use and anti-social behavior in adolescents who are hyperactive. Results indicate that, in general, adolescents who are hyperactive do not differ significantly from their peers in alcohol and drug use and anti-social behavior. However, a small population of adolescents who are hyperactive tend to show significantly greater social, emotional, and psychological difficulties. The authors suggest this subgroup needs to be identified early and treated vigorously.

AUTHOR Hechtman L; Weiss G; Perlman T;
TITLE **Hyperactives as young adults: Past and current substance abuse and antisocial behavior.**
SOURCE *Am J Orthopsychiatry* 1984 Jul; 54(3): 415-25;

ABSTRACT This is a 10– to 12–year follow–up of young adults who were diagnosed as hyperactive in childhood. These young adults were no more likely than controls to be involved in drug use, although the hyperactives were more likely to have used drugs as adolescents; the two groups had similar levels of moral development.

AUTHOR Henker B; Whalen CK; Blunt D; et al.;
TITLE **Licit and illicit drug use patterns in stimulant–treated children and their peers.**
BOOK *Psychosocial Aspects of Drug Treatment for Hyperactivity.*
EDITOR Gadow KD; Loney J;
SOURCE Westview Press: Boulder, CO, 1981: 443-62;

ABSTRACT Seventh and eighth grade boys, 17 who had been prescribed Ritalin and 466 in the comparison group, were surveyed regarding their drug use. The substances included: cigarettes, coffee, beer, wine, liquor, cocaine, heroin, marijuana, depressants, stimulants, and "tripping stuff." No support was found for the hypothesis that the prescribed use of methylphenidate is related to increased use of illicit or nonmedicinal substances, although the variances of the Ritalin group were significantly greater than those of the control group for about half of the substance indexes.

AUTHOR Kramer J; Loney J;
TITLE **Hyperactivity and substance abuse: A review of the literature.**
BOOK *Advances in Learning and Behavioral Disabilities,* Vol. 1.
EDITOR Gadow KD; Bialer I;
SOURCE JAI Press, Inc.; Greenwich, CT, 1982: 225–60;

ABSTRACT An extensive review of the literature on childhood hyperactivity and substance abuse. Results of the empirical studies that were reviewed tend to suggest that individuals with hyperactivity are not significantly more involved in illicit drug use and alcohol consumption than individuals without hyperactivity, but the few significant differences that were reported suggest greater involvement with alcohol, not other drugs.

AUTHOR Lambert NM;
TITLE **Adolescent outcomes for hyperactive children. Perspectives on general and specific patterns of childhood risk for adolescent educational, social, and mental health problems.**
SOURCE *Am Psychol* 1988 Oct; 43(10): 786-99;

ABSTRACT The purpose of this study of 367 adolescents, age 17–18 years, was to determine the relationship between hyperactivity and educational, social, and mental health problems. Results indicate that hyperactivity and attention deficit disorder with hyperactivity are associated with negative educational and mental health outcomes, and adolescent conduct problems. Also, family and social factors contributed far more in shaping educational outcomes, substance use, and conduct problems than did biological factors.

AUTHOR Loney J;
TITLE **Substance abuse in adolescents: Diagnostic issues derived from studies of attention deficit disorder with hyperactivity.**
SOURCE *NIDA Res Monograph* 1988; 77: 19-26;

ABSTRACT This literature review focuses on the diagnosis, prognosis and treatment of attentional, oppositional, and conduct disorders. Hyperactive children who were diagnosed more aggressive, oppositional and conduct disordered were more likely to have problems with illegal drug use and, in contrast, hyperactive children who did not show signs of aggression were more likely to have academic problems.

AUTHOR Mandell W; Nollie PW;
TITLE **Hyperactive teens more likely to drink.**
SOURCE *US J Drug Alcohol Dependence* 1985 Dec; 9(12): 19;

ABSTRACT In this study, hyperactive adolescents were compared to non-hyperactive adolescents, ages 12–18, to determine differences in alcohol and drug use, consumption patterns, drug preferences, drug-related behavior and academic performance. Hyperactive adolescents were more likely to drink at an earlier age and more likely to desire intoxication to manage dysphoria.

AUTHOR Mannuzza S; Klein RG; Bonagura N; et al.;
TITLE **Hyperactive boys almost grown up. II. Status of subjects without a mental disorder.**
SOURCE *Arch Gen Psychiatry* 1988 Jan; 45(1): 13-8;

ABSTRACT Controlled study of psychosocial dysfunction in 52 patients, ages 16–23, diagnosed as hyperactive at ages 6-12 years and no longer having a specific DSM-III diagnosis. Results indicate that those adolescents who were no longer diagnosed as hyperactive were indistinguishable from the control group in terms of occupational adjustment, temperament, alcohol abuse, and antisocial behaviors.

AUTHOR Miksic S;
TITLE **Drug abuse management in adolescent special education.**
BOOK *Helping Adolescents with Learning and Behavior Problems.*
EDITOR Kerr MM; Nelson CM; Lambert DL;
SOURCE Merrill; Columbus, OH, 1987: 225-53;

ABSTRACT This college textbook for teachers offers a general discussion of terminology related to drug use, an overview of adolescent development, description of major classes of abused substances, generic prevention and education guidelines, psychological and psychosocial indicators of drug abuse, management of drug abuse episodes, and crisis intervention guidelines. Specific to disabilities, a case study of the successful detection and treatment of the drug problems of a student with a learning disability is presented. The author also notes that disabilities may render drug problems more difficult to detect as special education students' variable achievement levels, among other factors, may either be confused with, or obscure, the symptoms of drug abuse problems.

AUTHOR Ralph N; Barr MA;
TITLE **Diagnosing attention deficit hyperactivity disorder and learning disabilities with chemically dependent adolescents.**
SOURCE *J Psychoactive Drugs* 1989 Apr; 21(2): 203-15;

ABSTRACT The purpose of this article is to discuss the problems associated with the diagnosis and treatment of chemically dependent adolescents with learning disabilities (LD) or attention-deficit hyperactivity disorders (ADHD). A multi–method diagnostic framework for assessing chemically dependent adolescents is presented along with treatment approaches for chemically dependent adolescents with LD or ADHD.

AUTHOR Weiss G; Hechtman LT;
BOOK *Hyperactive Children Grown Up. Empirical Findings and Theoretical Considerations.*
SOURCE Guilford Press; New York, 1986: 367;

ABSTRACT The authors summarize studies conducted at McGill University since 1961 following children and adolescents with hyperactivity/attention deficit disorder into adulthood. They examine many factors that may predict the clinical presentation, impact on psychosocial functioning and outcome, citing case examples. One chapter is devoted to drug and alcohol use and abuse.

AUTHOR Wood D; Wender PH; Reimherr FW;
TITLE **The prevalence of attention deficit disorder, residual type, or minimal brain dysfunction, in a population of male alcoholic patients.**
SOURCE *Am J Psychiatry* 1983; 140: 95–8;

ABSTRACT In this study of 33 white male alcoholics under the age of 40, there were no significant differences found in the mean age of first drink between subjects with ADD (mean=13.3 years) and those without ADD (mean=15.8 years). However, proportionately more of those with ADD than those without ADD started drinking before age 13.

C. MENTAL ILLNESS, EMOTIONAL DISABILITIES

AUTHOR Bergman HC; Harris M;
TITLE **Substance abuse among young adult chronic patients.**
SOURCE *Psychosocial Rehab J* 1985 July; 9: 1-6;

ABSTRACT A records review was conducted in order to investigate the effects of alcohol and substance abuse on young adult chronic psychiatric patients. Structured interviews were conducted with patients who were readmitted for treatment in order to determine why patients abuse drugs and if they understood the consequences of their behavior. Results indicate a serious lack of knowledge regarding the negative effect of alcohol and other drug use among young adult chronic psychiatric patients.

AUTHOR Bogdaniak RD;
TITLE **Emotional disturbance and substance abuse/addiction special education programming for the dually-diagnosed adolescent.**
SOURCE Unpublished 1985:1-6;

ABSTRACT This article describes the dually diagnosed adolescent who suffers from both severe emotional disturbance and substance abuse or addiction. Substance abuse by adolescents who are severely disturbed has been shown to be above the national average, but the dually–diagnosed often fail to receive proper treatment from either the mental health community or the chemical dependency centers. Descriptions of clinical symptoms and recommendations for treatment are given. (ERIC: ED281324. To order, call: 1-800-227-3742)

AUTHOR Brown VB; Ridgely MS; Pepper B; et al.;
TITLE **The dual crisis: Mental illness and substance abuse: Present and future directions.**
SOURCE *Am Psychol* 1989 Mar; 44(3): 565-9;

ABSTRACT This article focuses on issues concerning young adults who are mentally ill and suffer from substance abuse. Included are federal initiatives designed to focus attention on the needs of young adults with a dual diagnosis, summaries of research findings on persons with a dual diagnosis, descriptions of treatment and rehabilitation approaches, and descriptions of training programs for health professionals that serve individuals with dual disabilities.

AUTHOR Caton CL; Gralnick A; Bender S;
TITLE **Young chronic patients and substance abuse.**
SOURCE *Hosp Community Psychiatry* 1989 Oct; 40(10): 1037-40;

ABSTRACT Researchers investigated the relationship between substance abuse and psychiatric disorders in 100 adolescents and young adults, aged 12–35 years, consecutively admitted to a long–term private psychiatric hospital. Half the patients had a dual diagnosis of substance abuse and psychiatric disorder, and two–thirds of the patients with dual diagnosis began abusing drugs after the onset of psychiatric problems. Also, those patients raised in nontraditional families (single–parent, stepparent, or adoptive parent) had a significantly higher rate of dual diagnosis than patients raised in traditional two parent families. Recommendations for treatment are discussed.

AUTHOR Christie KA; Burke JD; Regier DA; et al.;
TITLE **Epidemiologic evidence for early onset of mental disorders and higher risk of drug abuse in young adults.**
SOURCE *Am J Psychiatry* 1988 Aug; 145(8): 971-5;

ABSTRACT Using data from the National Institute of Mental Health Epidemiologic Catchment Area Program of 4,778 young adults ages 18–30 years, researchers provide evidence for the early onset of four mental disorders: Anxiety disorders, depression, drug abuse or dependence, and alcohol abuse or dependence. Results indicate that young adults who have had a depressive or anxiety disorder are at twice the risk for subsequent drug use or dependence.

AUTHOR Fernandez–Pol B; Bluestone H; Mizruchi MS;
TITLE **Inner–city substance abuse patterns: A study of psychiatric inpatients.**
SOURCE *Am J Drug Alcohol Abuse* 1988 Mar; 14(1): 41-50;

ABSTRACT The purpose of this study was to investigate the prevalence and patterns of substance abuse among 171 black and Hispanic psychiatric patients. This sample reported a high rate of substance abuse with single males, young adults, and those with personality disorders reporting the most extensive multiple substance abuse patterns. Results indicate that young adult psychiatric patients in the inner-city are at risk for multiple substance abuse.

AUTHOR Hasin D; Endicott J; Lewis C;
TITLE **Alcohol and drug abuse in patients with affective syndromes.**
SOURCE *Compr Psychiatry* 1985 May; 26(3); 283–95;

ABSTRACT Levels of alcohol and drug abuse were analyzed for 835 patients (17–79 years of age) with affective disorders. Results indicate that nearly one-fourth of the patients in this study had abused drugs or alcohol at a clinically significant level, and that being younger, male, unmarried, with a low socioeconomic status, and a low degree of religious involvement are all associated with a higher risk of alcohol and drug abuse.

AUTHOR Kashani JH; Keller MB; Solomon N; et al.;
TITLE **Double depression in adolescent substance users.**
SOURCE *J Affective Disorders* 1985 Mar; 8(2): 153-7;

ABSTRACT One hundred consecutive adolescents, 13–19 years of age, seen at a youth counseling center were interviewed to determine the frequency and characteristics of double depression in adolescent substance users. Results indicated that significantly more substance users (16%) than the general population suffered from a chronic type of depression lasting for more than one year, superimposed on a major depression. Findings support the notion that depression is associated with substance use.

AUTHOR Leone PE; Greenburg JM; Trickett EJ; et al.;
TITLE **A study of the use of cigarettes, alcohol, and marijuana by students identified as seriously emotionally disturbed.**
SOURCE *Counterpoint* 1989 Spring; 9(3): 6-7;

ABSTRACT Drug use by 283 students in junior high, middle school, high school, and two special education programs for adolescents with severe emotional disturbances/ behavior problems was studied. Among other results, it was found that seriously emotionally disturbed students in special residential or day treatment programs were more likely to use cigarettes, nicotine, and marijuana than the other students surveyed.

AUTHOR McCarrick AK; Manderscheid RW; Bertolucci DE;
TITLE **Correlates of acting–out behaviors among young adult chronic patients.**
SOURCE *Hosp Community Psychiatry* 1985 Aug; 36(8): 848-53;

ABSTRACT The purpose of this study was to investigate the relationship between alcohol abuse, drug abuse, failure to take prescribed medication and behavior problems of 1,471 young adults who are mentally ill. The study found that both alcohol and drug abuse were strongly correlated with behavior problems, and that failure to comply with prescribed medication was particularly associated with acting-out in the community. Behavior problems were also found to decrease with age.

AUTHOR Negrete JC; Knapp WP; Douglas DE; et al.;
TITLE **Cannabis affects the severity of schizophrenic symptoms: Results of a clinical survey.**
SOURCE *Psychol Med* 1986 Aug; 16(3): 515-20;

ABSTRACT The purpose of this study was to investigate the relationship between cannabis use and schizophrenia. The mean age of actual users was 27.3 years. Results indicate that those patients who used cannabis had a significantly higher degree of delusional and hallucinatory activity, and made more visits to the hospital. The implications of these findings are discussed.

AUTHOR Pepper B; Kirshner MC; Ryglewicz H;
TITLE **The young adult chronic patient: Overview of a population.**
SOURCE *Hosp Community Psychiatry* 1981 Jul; 32(7): 463-9;

ABSTRACT The purpose of this article is to highlight the problems associated with young adults with mental illnesses. This population tends to suffer from a lack of independence, low self-image, acute stress, difficulty in social relations, and a variety of behavior problems including substance abuse. Deinstitutionalization has rendered many chronically mentally ill patients homeless. As a result, there is a high demand for social service agencies and residential community care programs for these young adults.

AUTHOR Perkins KA; Simpson JC; Tsuang MT;
TITLE **Ten–year follow–up of drug abusers with acute or chronic psychosis.**
SOURCE *Hosp Community Psychiatry* 1986 May; 37(5): 481-4;

ABSTRACT Examined the long–term residential, occupational, and psychiatric outcomes of drug abusers diagnosed with acute and chronic psychosis. Results indicate that drug abusers with chronic psychoses (mean age of 22 years at initial interview) had significantly worse psychiatric outcomes than other drug abusers, and significantly worse occupational outcomes than acutely psychotic drug abusers.

AUTHOR Richardson MA; Craig TJ;Haugland G;
TITLE **Treatment patterns of young chronic schizophrenic patients in the era of deinstitutionalization.**
SOURCE *Psychiatr Q* 1985 Sum; 57(2): 104-10;

ABSTRACT Researchers reviewed the records of 56 patients, ages 18–44 years, with schizophrenia to determine the total psychiatric treatment history of each patient. The sample was predominantly male, associated with drug abuse and violent behavior, and had a treatment history characterized by brief and repeated care at a variety of facilities. The implications of these findings on mental health care policy are discussed.

AUTHOR Ridgely MS, et al.;
TITLE **Mental health policy studies.**
SOURCE Mental Health Policy Studies, Department of Psychiatry, University of Maryland School of Medicine, 645 W. Redwood St., Baltimore MD 21201;

ABSTRACT This is a series of articles on mental illness and substance abuse in young adults between the ages of 18 and 40 years. Papers include: "Chronic mentally ill young adults with substance abuse problems: A review of relevant literature and creation of a research agenda", 1986; "Chronic mentally ill young adults with substance abuse problems: Treatment and training issues", 1987; and "Barriers to the care of persons with dual diagnoses: Organizational and financing issues", 1989. These papers are available for $7.50 per report or $15.00 per set from the author.

AUTHOR Safer DJ;
TITLE **Substance abuse by young adult chronic patients.**
SOURCE *Hosp Community Psychiatry* 1987 May; 38(5): 511-4;

ABSTRACT This study focuses on the relationship between young adult (19–39 years of age) chronic psychiatric patients and substance abuse. Seventy–three percent of the 41 patients in this study had a history of substance abuse. Findings indicate there is a significant association between substance abuse and admission to a psychiatric hospital. Researchers recommend routine drug testing of all young adult chronic psychiatric patients to facilitate identification of substance abuse.

AUTHOR Test MA; Knoedler WH; Allness DJ; et al.;
TITLE **Characteristics of young adults with schizophrenic disorders treated in the community.**
SOURCE *Hosp Community Psychiatry* 1985 Aug; 36(8): 853-8;

ABSTRACT The aim of this study is to describe the characteristics of 100 young adults (18–30 years of age) with schizophrenic disorders who are at high risk for psychological and social impairments, but who have not yet developed such impairments. Findings lead to two conclusions: 1) Young adults with chronic psychiatric disorders can be very different from one another in terms of levels of functioning, employment history, independent living, and drug use, and 2) Treatment for these individuals should be highly individualized and comprehensive to prevent chronic functional disabilities.

D. SENSORY DISABILITIES

AUTHOR Edelwich J; Arre P;
TITLE **Reality therapy as an intervention for deaf adolescents involved in alcohol and drug use and abuse.**
BOOK *Innovations in the Habilitation and Rehabilitation of Deaf Adolescents. Selected Proceedings of the National Conference on the Habilitation and Rehabilitation of Deaf Adolescents.*
EDITOR Anderson GB; Watson D;
SOURCE RRTC on Deafness and Hearing Impairment: Little Rock, AR,1987:344-9;

ABSTRACT The principles of William Glasser's reality therapy are reviewed with application to deaf adolescents' special and normative needs. (ERIC: ED296547. To order, call 1-800-227-3742)

AUTHOR Kapp DL; Clark K; Jones J; et al.;
TITLE **Drug and alcohol prevention/education with deaf adolescents: A preventive guidance and counseling program.**
BOOK *The Habilitation and Rehabilitation of Deaf Adolescents. Proceedings of the National Conference on the Habilitation and Rehabilitation of Deaf Adolescents.*
EDITOR Anderson GB; Watson D;
SOURCE The National Academy of Gallaudet College:Washington, DC, 1984 Apr: 177-85;

ABSTRACT This article describes a 9-week drug prevention program for students with hearing impairments. A post–program questionnaire found that the 32 students (17–19 years of age) and teachers were highly satisfied with the program. Implications and recommendations are discussed.

AUTHOR	Kusche CA; Greenberg MT; Calderon R; et al.;
TITLE	**Generalization strategies from the PATHS Project for the prevention of substance use disorders.**
BOOK	*Innovations in the Habilitation and Rehabilitation of Deaf Adolescents. Selected Proceedings of the National Conference on the Habilitation and Rehabilitation of Deaf Adolescents.*
EDITOR	Anderson GB; Watson D;
SOURCE	RRTC on Deafness and Hearing Impairment: Little Rock,AR,1987:263-304;
ABSTRACT	This chapter describes the goals of the PATHS curriculum: Improving self control, emotional understanding, social awareness, self-esteem, and interpersonal problem–solving skills with deaf children and youth. It then describes the PATHS adaptation to substance use education, including two transcripts of classes on drug use prevention for deaf youth. (ERIC: ED296547. To order call 1-800-227-3742)

AUTHOR	Locke R; Johnson S;
TITLE	**A descriptive study of drug use among the hearing impaired in a senior high school for the hearing impaired.**
BOOK	*Drug Dependence and Alcoholism: Social and Behavioral Issues.*
EDITOR	Schecter AJ;
SOURCE	Plenum Press:New York, 1981: 833-41;
ABSTRACT	This study is a descriptive analysis of the incidence of substance abuse among 46 adolescents with hearing impairments at a senior high school for the hearing impaired. Findings indicate that over 50% of the adolescents regularly drank alcoholic beverages, and 33% of the adolescents use drugs. The authors give specific recommendations for the counseling, education, and treatment of adolescents with hearing impairments.

AUTHOR	Mihall JB; Smith E; Wilding M;
TITLE	**Gallaudet's student development approach to substance abuse education and identification/ treatment.**
BOOK	*Innovations in the Habilitation and Rehabilitation of Deaf Adolescents. Selected Proceedings of the National Conference on Deafness and Hearing Impairment.*
EDITOR	Anderson GB; Watson D;
SOURCE	RRTC on Deafness and Hearing Impairment:Little Rock, AR,1987:331-43;
ABSTRACT	A wellness program, with both proactive and rehabilitative components, is described as it relates to drug use. Among other characteristics, the program entails peer counseling and workshops, and takes a multi-format, multi-model approach for deaf adolescents. (ERIC: ED296547. To order, call 1-800-227-3742.)

AUTHOR Sabin MC;
TITLE **Responses of deaf high school students to an "Attitudes toward Alcohol" scale: A national survey.**
SOURCE *Am Ann Deaf* 1988 Jul; 133(3): 199-203;

ABSTRACT A national survey of 414 high school students, 13–21 years of age, with hearing impairments was used to describe attitudes towards alcohol and drinking. Results indicate that, in general, high school students with hearing impairments tend to have slightly negative attitudes towards alcohol, and view alcohol abuse as unacceptable behavior. Implications and recommendations for further research are given.

AUTHOR Saulnier C;
TITLE **Intervention with visually impaired children of alcoholics.**
SOURCE *Alcohol Health Res World* 1989; 13(2): 133-7;

ABSTRACT This article provides strategies for the treatment of children with visual impairments whose parents are alcoholics. Included are recommendations for dealing with denial and guilt associated with family alcoholism, discrimination and self–image, and the physical dangers of alcoholism in families.

AUTHOR Steitler KA;
TITLE **Substance abuse and the deaf adolescent.**
BOOK *The Habilitation and Rehabilitation of Deaf Adolescents. Proceedings of the National Conference on the Habilitation and Rehabilitation of Deaf Adolescents.*
EDITOR Anderson GB; Watson D;
SOURCE National Academy of Gallaudet College:Washington, DC, 1984 Apr: 169-76;

ABSTRACT This review covers: the incidence of substance abuse; impact of deafness on psychosocial task accomplishment; role of substance use, misuse and abuse during adolescence; prevention and intervention; and developing a drug and alcohol abuse curriculum.

E. OTHER PHYSICAL DISABILITIES

AUTHOR Brooks N; Symington C; Beattie A; et al.;
TITLE **Alcohol and other predictors of cognitive recovery after severe head injury.**
SOURCE *Brain Injury* 1989 Jul; 3(3): 235-46;

ABSTRACT The purpose of this study was to examine the relationship between alcohol consumption and cognitive recovery after a severe head injury in a sample of 134 individuals age 15–70 years. Researchers found that habitual alcohol consumption at the time of injury was positively correlated with age, negatively correlated with education, and unrelated to severity of injury. Also, there was a significant negative correlation between habitual alcohol consumption and cognitive recovery after head injury.

AUTHOR Dean JC; Fox AM; Jensen W;
TITLE **Drug and alcohol use by disabled and nondisabled persons: A comparative study.**
SOURCE *Int J Addict* 1985 Apr; 20(4): 629-41;

ABSTRACT One hundred eighty–one university students with and without disabilities were surveyed concerning their use of alcohol, illicit drugs, prescription drugs, and over–the–counter drugs. Behaviors, relationships with physicians, and personal opinions were assessed. Data analysis showed little difference between the two groups. However, students without disabilities were more likely to say they knew someone with an alcohol or drug problem.

AUTHOR Heinemann AW; Doll M; Schnoll S;
TITLE **Treatment of alcohol abuse in persons with recent spinal cord injuries.**
SOURCE *Alcohol Health Res World* 1989 ; 13(2): 110-7;

ABSTRACT The purpose of this study was to investigate the extent to which persons with recent spinal cord injuries had alcohol related problems, recognized alcohol problems and acted to reduce abusive drinking. Recommendations are made for improving rehabilitation, treatment, and hospitalization of persons with spinal cord injuries. Seventy-one percent of the sample of 103 individuals, ages 13–65 years, reported one or more alcohol related problems.

AUTHOR Heinemann AW; Mamott B; Keen M; et al.;
TITLE **Substance use by persons with recent spinal cord injuries.**
SOURCE Unpublished; 1-17;

ABSTRACT One hundred three subjects with recent spinal cord injuries were divided into three groups according to age: < 20 years, 20-29 years, and > 29 years. Young adults (20-29) reported significantly greater marijuana and cocaine use, while participants less than 20 years old reported the greatest use of psychedelics. Substance abuse was significantly greater for persons who reported being intoxicated at the time of their injury. Recommendations for treatment and intervention are given. (ERIC: ED295405. To order, call: 1-800-227-3742)

AUTHOR Malec J; Harvey RF; Cayner JJ;
TITLE **Cannabis effect on spasticity in spinal cord injury.**
SOURCE *Arch Phys Med Rehab* 1982; 63(3): 116-8;

ABSTRACT Researchers examined the perceived effects of cannabis on spasticity of 43 patients (20–60 years of age, 49% of whom were between 20–30 years of age) with spinal cord injuries. Results of a questionnaire showed that patients with spinal cord injuries tend to report decreased spasticity with marijuana use, that current marijuana use is associated with past marijuana use, and that a person's peer group contributed to current marijuana use. Seventy–six percent of those under 30 years of age had used marijuana in the past year.

AUTHOR Moore D; Siegal H;
TITLE **Double trouble: alcohol and other drug use among orthopedically impaired college students.**
SOURCE *Alcohol Health Res World* 1989; 13(2): 118-23;

ABSTRACT This study examined alcohol and drug use among 57 students (median age=21 years) with orthopedic impairments. The results of the student questionnaire provide information on problem drug use among students with disabilities, comparisons of use between students with and without disabilities, and concerns about prescription medication. Individuals with trauma-related disability were found more likely to abuse drugs and alcohol than individuals with a congenital disability.

AUTHOR Motet–Grigoras CN; Schuckit MA;
TITLE **Depression and substance abuse in handicapped young men.**
SOURCE *J Clin Psychiatry* 1986 May; 47(5): 234-7;

ABSTRACT Male students and nonacademic staff (21–25 years of age) at the University of California, San Diego (n=42 with a physical disability and n=991 without a physical disability) were surveyed. As compared to subjects without disabilities, those with disabilities: showed greater use of alcohol and alcohol-related problems, started drinking at an earlier age, were more likely to use illegal drugs, were more likely to have contacted a physician regarding drug use or to have experienced negative health consequences as a result of this drug use, and were more likely to have first– and second–degree relatives with problems related to substance abuse.

AUTHOR Rink C; Berg J; Hafeman C;
TITLE **The adolescent with myelomeningocele: A review of parent experiences and expectations.**
SOURCE *Adolescence* 1989 Fall; 24(95): 699-710;

ABSTRACT Approximately 10% of the parents stated that their child had problems with alcohol or other drugs, and 18% of the parents stated that they were concerned about alcohol and drug use.

F. CHRONIC ILLNESS

AUTHOR Carroll G; Massarelli E; Opzoomer A; et al.;
TITLE **Adolescents with chronic disease. Are they receiving comprehensive health care?**
SOURCE *J Adol Health Care* 1983 Dec; 4(4): 261-5;

ABSTRACT Seventy-eight percent of these 61 Canadian chronically ill adolescents, ages 14–18, considered their subspecialist to be their "personal" physician, but only 27% reported that they discussed genera! health concerns with that physician. This sample of adolescents reported health concerns similar in nature but greater in number than those of "healthy" adolescents. Few problems were found regarding sexuality, alcohol, and other drug use.

AUTHOR Cole TB; Sprinkle RH; Smith SJ; et al.;
TITLE **Intravenous narcotic therapy for children with severe sickle cell pain crisis.**
SOURCE *Am J Dis Child* 1986 Dec; 140(12): 1255-9;

ABSTRACT A records' review of 38 children with sickle cell disease outlined an approach for severe pain management. Results indicate that continuous intravenous infusion of morphine and meperidine is an effective means of pain management. The authors did not observe any narcotic withdrawal or addiction, and suggest that exaggerated concerns over narcotic addiction can lead to inadequate pain management and ultimately cause patients to seek pain relief through illegal drugs.

AUTHOR Morris JB; Occhionero ME; Gauderer MWL; et al.;
TITLE **Totally implantable vascular access devices in cystic fibrosis: A four-year experience with fifty-eight patients.**
SOURCE *J Pediatrics* 1990 July; 117(1,1): 82-5;

ABSTRACT In an evaluation of the success of using a totally implantable vascular access device (TIVAD), it was found that two of the 58 patients had used it for intravenous drug abuse.

AUTHOR Orr DP; Eccles T; Lawlor R; et al.;
TITLE **Surreptitious insulin administration in adolescents with insulin-dependent diabetes mellitus.**
SOURCE *JAMA* 1986 Dec; 256(23): 3227-30;

ABSTRACT Six adolescents with diabetes mellitus were discovered to be secretively taking extra insulin. A records' review indicated that each of the patients had been recommended for psychotherapy prior to the discovery of surreptitious insulin administration (SIA). Researchers assert that SIA is indicative of more severe psychological disturbances, and two case studies are discussed to highlight the psychiatric problems associated with SIA.

AUTHOR Schechter NL; Berrien FB; Katz SM;
TITLE **The use of patient-controlled analgesia in adolescents with sickle cell pain crisis: A preliminary report.**
SOURCE *J Pain Sympt Manag* 1988 Spr; 3(2): 109-13;

ABSTRACT Patient-controlled analgesia was used to treat pain in adolescents with sickle cell disease. Preliminary results revealed that higher than expected initial doses of morphine were used for pain control, but that morphine use decreased as the pain subsided implying that the drug was not being abused. Researchers are in the process of preparing a formal study to compare patient-controlled analgesia to other forms of treatment for sickle cell pain crisis.

AUTHOR Shannon M; Lacouture PG; Roa J; et al.;
TITLE **Cocaine exposure among children seen at a pediatric hospital.**
SOURCE *Pediatrics* 1989 March; 83(3): 337-42;

ABSTRACT In a survey of 1,680 consecutive urine and serum toxicologic screens from 1,120 patients seen in a pediatric hospital, 45 adolescents (mean age=19 years) were positive for cocaine and/or metabolite, ethanol, a benzodiazepine, or a narcotic in addition to cocaine. Among these adolescents, 11 had a serious chronic illness: asthma, Hodgkin disease, sickle cell disease, chronic renal failure, lupus erythematosus, seizure disorder, congenital heart disease, diabetes/blindness, and anorexia nervosa.

AUTHOR Starkman H; Brink SJ;
TITLE **Tobacco, marijuana, alcohol and other drug use and abuse.**
BOOK *Pediatric and Adolescent Diabetes Mellitus.*
EDITOR Brink SJ;
SOURCE Year Book Medical Publishers, Inc.: Chicago, 1987: 343-58

ABSTRACT The need for preventive counseling and the effects of drugs on diabetes are discussed followed by a presentation of data on drug use. Of 409 10-21-year-olds surveyed, 18% smoked cigarettes. Of 550 10-21-year-olds surveyed, 12 were alcoholics and most of these 12 had experimented heavily with drugs; a similar rate was found for marijuana or other daily drug abuse.

AUTHOR Stern RC; Byard PJ; Tomashefski JF; et al.;
TITLE **Recreational use of psychoactive drugs by patients with cystic fibrosis.**
SOURCE *J Pediatr* 1987 Aug; 111(2): 293-8;

ABSTRACT Study of adult patients with cystic fibrosis noting use of tobacco in 11%, marijuana in 20% and alcohol in 60%.

AUTHOR Szefler SJ; Rogers RJ; Strunk RC;
TITLE **Drug use and the asthmatic patient: A case report.**
SOURCE *J Allergy Clin Immunol* 1984 Aug; 74(2): 201-4;

ABSTRACT The case history of a 17-year-old female asthmatic patient, who also abused drugs, is used to highlight the possible interactions of illicit drugs and asthma medications. Physicians are urged to consider the possibility of substance abuse by their patients and to question their patients regarding drug use to ensure proper medication management.

G. MULTIPLE DISABILITY GROUPS

TITLE **Conference Proceedings of the Third National Prevention Research and Training Conference: People with Disabilities: Implications for Alcohol and Other Drug Abuse Prevention.**
SOURCE Institute on Alcohol, Drugs, and Disabilities, 2165 Bunker Hill Drive, San Mateo, CA 94402; 415–578–8047.

ABSTRACT This conference, held in April of 1990, discussed many areas in the prevention of drug abuse for people with disabilities. Issues related to adolescents and young adults were addressed as well. Conference proceedings will be made available in the summer of 1990 for a cost to be specified at that time.

TITLE **Illinois case no. SE-45-85.**
SOURCE *Educ Handicapped Law Report* 1988; 507(388): 388-92;

ABSTRACT Presents the case of a 17-year-old student with a history of behavior problems and substance abuse who was diagnosed as being depressed and having underlying emotional disturbances. The parents of this student initiated legal action against the school district when the parents insisted on residential placement and the district proposed a day school program. The district was found to be at fault for failing to provide a timely special education screening and an appropriate residential placement.

AUTHOR Allison K; Leone PE; Spero ER;
TITLE **Drug and alcohol use among adolescents. Social context and competence.**
BOOK *Understanding Troubled and Troubling Youth.*
EDITOR Leone PE;
SOURCE Sage:Newbury Pk, CA, 1990: 173-93;

ABSTRACT This chapter reviews the literature on alcohol and other drug use and abuse by "normal" adolescents and those with emotional, cognitive, and behavioral disabilities structured around the concepts of the context of use and the competence of adolescents. The authors stress the importance of historical, ethnic, cultural, social network, economic and sociopolitical factors on drug use.

AUTHOR Bellamy GT;
TITLE **Policy statements on serving handicapped students who are addicted to drugs.**
SOURCE Office of Special Education Programs, 400 Maryland Ave. SW, Washington, DC 20202; 202/732-1375)

ABSTRACT In 1988 and 1989, G. Thomas Bellamy, then director of the U.S. Office of Special Education Programs (OSEP), wrote three letters in response to requests to clarify OSEP's position in regard to providing special education services to disabled students who are also drug addicted. The letters discuss whether or not drug addiction is a handicapping condition under PL 94-142 and Section 504 of the Rehabilitation Act of 1973. (To request these three letters , ask for the Des Jardins, Scariano, and Woodson letters.)

AUTHOR DeMilio L;
TITLE **Psychiatric syndromes in adolescent substance abusers.**
SOURCE *Am J Psychiatry* 1989 Sep; 146(9): 1212-4;

ABSTRACT Researchers examined the relationship between adolescent substance abuse and psychiatric disorders in 57 adolescents (14–18 years old) consecutively admitted to a substance abuse treatment center. Conduct disorder, major depressive episodes, and attention deficit disorder with hyperactivity were the most common diagnoses of adolescent substance abusers.

AUTHOR Johnson JL;
TITLE **The challenge of substance abuse.**
SOURCE *Teaching Exceptional Children* 1988 Summer; 20(4): 29-31;

ABSTRACT Noting the need for an awareness of potential substance abuse problems for special education students, the author stresses the importance of: obtaining a valid special education assessment, consciousness–raising activities for special education teachers, policy research and guidelines, the development and dissemination of programs, referral mechanisms for substance abuse treatment, and the development of alcohol and other drug education curricula targeted at special education students.

AUTHOR Kawaguchi R; Butler EW;
TITLE **Impairments and community adjustment of young adults: Alcohol use, drug abuse and arrest.**
SOURCE *Chem Depend* 1982 ; 4(3): 209-19;

ABSTRACT This longitudinal study of a sample of children ages 9-15 years originally interviewed in 1974 (391 with disabilities (intellectual, emotional, developmental or physical) and 407 without disabilities) were reinterviewed at ages 20-26 years. The study was conducted to determine alcohol use, drug use and arrests. Comparisons regarding deviant behavior were made between persons with and without impairments, and between persons with different types of impairments. Young adults with disabilities were shown to be more likely to have higher levels of drug use and to get arrested. Differences in the patterns of drug use were found between the disability groups.

AUTHOR Meyers AR; Branch LG; Lederman RI;
TITLE **Alcohol, tobacco, and cannabis use by independently living adults with major disabling conditions.**
SOURCE *Int J Addict* 1988 ; 23(7): 671-85;

ABSTRACT The purpose of this study was to determine the frequency and amount of alcohol, tobacco, and cannabis use by 205 persons (mean age=33 years) with major disabling conditions. Results indicate that independently living persons with major disabling conditions show moderate use of alcohol, tobacco, and cannabis.

AUTHOR Moore D;
TITLE **Handicapped adolescent alcohol and drug use/abuse: Some causes for concern.**
SOURCE Unpublished 1987; 1–20;

ABSTRACT This is a paper presented at the 12th Annual Smith Research Conference. The author notes the lack of research on drug abuse regarding youth with disabilities, presents an analysis of published data, and points out special problems in youth alcohol and illicit drug use: health risks, drug potentiation, peer pressure, and developmental issues. (ERIC: ED293249. To order, call 1-800-227-3742)

AUTHOR Myers BA;
TITLE **Psychiatric problems in adolescents with developmental disabilities.**
SOURCE *J Am Acad Child Adolesc Psychiatry* 1987 Jan; 26(1): 74-9;

ABSTRACT The purpose of this study was to systematically examine 113 adolescents with developmental disabilities who were referred for psychiatric evaluation. The highest frequency disorders were mild to moderate mental retardation, conduct disorders, and organic mental disorders; very little anorexia, substance abuse or suicide attempts were found.

AUTHOR O'Conner D;
TITLE **Glue sniffers with special needs.**
SOURCE *Br J Spec Educ* 1987 Sep; 14(3): 94-7;

ABSTRACT This article describes the prevalence of solvent abuse by adolescents with disabilities, physical and psychological effects of solvent abuse, and reasons for solvent abuse. Two case studies are used to highlight features of successful treatment approaches for adolescents with disabilities who abuse solvents.

II. TRAINING MATERIALS

TITLE **Prevention Time**
SUPPLIER Southeastern Virginia Planning District Commission
ADDRESS 723 Woodlake Drive, Chesapeake, VA 23320
PHONE 804/420-8300
DATE 1985

ABSTRACT An alarming number of our young people are being exposed to alcohol and other drugs. Students in special education programs are at risk and need to learn skills in saying "no" and in developing drug–free lifestyles. "Prevention Time" is a substance abuse prevention curriculum for students in upper elementary and middle school with mild retardation and learning disabilities. The four major areas of focus are: drug information, understanding and accepting self, understanding self and others, and developing decision-making skills. The purchase price is $10.00.

TITLE **LifeFacts 3—Substance Abuse**
SUPPLIER James Stanfield Publishing Company
ADDRESS P.O. Box 1995H, Santa Monica, CA 90406
PHONE 1–800–421–6534
DATE 1990

ABSTRACT To meet the needs of students with retardation, this curriculum gives basic drug awareness information and teaches refusal skills needed to cope with drugs in daily living situations. Nineteen lessons present basic information on chemical dependency and the dangers associated with substance abuse. All major substances with the potential of abuse are clearly identified and the effects of each plainly described. The impact on family and work are illustrated. Symptoms of addiction are presented along with an exploration of treatment programs. Most lessons include one or more steps and special worksheets. Forty-seven 11 X 14 laminated teaching pictures are included, as are 47 slides. Fifteen student worksheets are available for lesson follow–up. Pretest and posttests identify needs and measure growth. The purchase price is $149.00. (California callers call collect: 213-395-7466)

TITLE	**Prevention Curriculum Guide for Looking at Alcohol and Other Drugs–Special Education 7-12**
SUPPLIER	Addiction Intervention with the Disabled
ADDRESS	Sociology Dept., Kent State University, Kent, OH 44242
PHONE	216/672–2440
ABSTRACT	This curriculum guide includes 51 lessons and various vocabulary exercises and activities for students with mental retardation from which the teacher may choose. The guide features PICTURE-TALK, an illustrated storyline which addresses issues and problems faced by high school students. The guide is designed to be used with the book "Looking at Alcohol and Other Drugs" (available for $37.00 from AID). People with and without disabilities are featured within the guide, experiencing thought provoking situations for the students. The Curriculum Guide can be purchased for $30.00. (Materials for younger children are currently being published.)

TITLE	**Drugs and Decisions–A Prevention Program for People Who are Developmentally Disabled**
SUPPLIER	Milwaukee Council on Drug Abuse
ADDRESS	1442 N. Farwell, #304, Milwaukee, WI 53202
PHONE	414/483–3334
DATE	1988
ABSTRACT	This program aims at developing self–awareness and problem–solving/ decision–making skills with a preventive approach to drug and alcohol problems. The emphasis is on helping each person develop a positive self–concept and the subsequent faith in his/her own problem–solving ability. With these skills, the student will be able to begin to make sensible choices regarding drugs and alcohol. The curriculum workbook is available for $25.00.

TITLE	**Me, Myself, and I!**
SUPPLIER	Project Oz
ADDRESS	404 E. Washington St., Bloomington, IL 61701
PHONE	309/827–0377
DATE	1989
ABSTRACT	An innovative approach to education and prevention of substance abuse with special populations of students with learning disabilities and mild mental retardation. The manual is separated into sections that correspond to the various video segments. These are: 1) What is Self–Esteem? 2) Where Does Self–Esteem Come From? 3) What Can I do to Improve my Self–Esteem? It is specifically designed to assist participants in responding to and addressing the variety of issues, stresses, and problems they face in a more productive and positive manner; presents materials and information in varying formats so as to stimulate the visual, auditory, and kinesthetic senses; uses materials that are mental–age appropriate and presents them in a format that is accepted by participants as being something that would be presented to anyone who is their age; assists professionals in effective methods of substance abuse prevention by dealing with the development of social competencies. The videotape is 16 minutes in length and is available on 1/2 inch VHS. The rental cost is $50.00 on a preview/rent to purchase agreement (if not purchased, $50.00 rental fee); the purchase price is $200.00.

TITLE	**1) A Special Message: A Comprehensive Drug Education Curriculum for Learning Disabled and Behavior Disordered Populations Grades 6-12; 2) A Special Message: Parent Component**
SUPPLIER	Project Oz
ADDRESS	404 E. Washington St., Bloomington, IL 61701
PHONE	309/827–0377
DATE	1988
ABSTRACT	The Project Oz curricula are grounded in the belief that presenting drug information alone is insufficient drug abuse prevention. Thus, also included in the curricula are materials to promote coping skills. These manuals include decision–making criteria so that students may learn to make safe, informed choices throughout their lives; development of positive self–esteem and assertive behavior so that they are instilled with the self–confidence necessary to respond to peer pressures; and stress management as they are faced with the tensions of school and home life, and the approach of adult life. Curriculum contains 27 chapters including: teachers' guides and learning activities, overheads, parent component, information on prescription medications commonly used with special education children, AIDS, cocaine/crack, fetal alcohol syndrome, children of alcoholics, and inclusive chapters about developing social competency skills and drugs. The student component can be purchased for $150.00; the parent component is $40.00.

TITLE	**The Good Life: A Smart Choice**
SUPPLIER	Linda Cherry
ADDRESS	Bay Area Project–Disabilities/Chemical Dependency, 1034 Clubhouse Dr., Hayward, CA 94541
PHONE	415/786–2281
DATE	1988
ABSTRACT	This booklet for youth with hearing impairments, mental retardation, or reading difficulties, provides a basic outline of drug education. Types of recreational drugs are described in terms of their psychological and physical effects. Stimulants, hallucinogens, and depressants are described. Special attention is given to alcohol and marijuana. Possible reasons for drug use are explored. These materials aim at preventing all recreational drug use through information on harmful effects. Eight pages, large type, available for $1.00.

TITLE	**Drugs Don't Make It!**
SUPPLIER	Health Education Learning Programs
ADDRESS	1309 E. Northern Ave. Suite #304, Phoenix,Arizona 85020
PHONE	602/943-4357
DATE	1990
ABSTRACT	"Drugs Don't Make It!" is a 29 minute 1/2 inch VHS video program that will sensitize viewers to the horrors and implications of substance abuse. It is divided into four segments: Tragedy, How and Why, Victory and Appeal. To secure a strong and wide acceptance by today's young people, "Drugs Don't Make It!" incorporates the flavor of a music video while delivering poignant yet realistic stories by reformed substance abusers. Built around the actual experience of six teenagers the video includes symbolic dancing depicting peer pressure, etc. and testimonials from celebrity role models such as Sylvester Stallone, Michael Jordan and many others. The commentary includes nationally acclaimed Lynne D. Kitei, M.D. who has worked extensively in the fields of adolescent medicine, substance abuse and medical communications. This video program also includes pre–view and post–view activities to reinforce the message, and is available in open and closed captioned versions. The $295.00 purchase price includes the video and instructional workbook.

TITLE	**How Can I Tell if I'm Hooked?**
SUPPLIER	Sunburst Communications
ADDRESS	Room SK43, 39 Washington Avenue, Pleasantville, NY 10570–3498
PHONE	1–800–431–1934
DATE	1986
ABSTRACT	Many young people who use drugs or alcohol fail to realize when such use slides into addiction. This 25 minute videotape offers a working definition of addiction , addresses questions that need to be asked, including how to recognize when someone is addicted. Describes various kinds of addiction, identifies who is at risk, asks students to evaluate their own drug use. An open–captioned version of filmstrips on videocassettes is available with a teacher's guide for $145 plus 6% shipping. May be purchased alone or as part of a curriculum module.

TITLE	**Drugs, Your Friends, and You: Handling Peer Pressure**
SUPPLIER	Sunburst Communications
ADDRESS	Room SK43, 39 Washington Avenue, Pleasantville, NY 10570–3493
PHONE	1–800–431–1934
DATE	1988
ABSTRACT	Peer pressure can be a powerful influence on the decision to use drugs or alcohol, and young people don't always realize they have the right to say no. This program makes students in grades 5–9 aware that they do have choices, that despite pressure from others, they can continue to respect their own best interests and resist. Helps them make the decision against substance abuse, then teaches specific techniques for dealing assertively with these pressures. The 26 minute videocassette is available with open captions, and comes with a teacher's guide. $165 plus 6% shipping.

TITLE	**Crack!**
SUPPLIER	Sunburst Communications
ADDRESS	Room SK43, 39 Washington Avenue, Pleasantville, NY 10570–3493
PHONE	1–800–431–1934
DATE	1987
ABSTRACT	Alerts viewers to the dangers of crack. Attributes crack's alarming popularity to its trendiness, low cost, easy availability, and ease of use. A live interview with top cocaine expert, Arnold M. Washton, Ph.D., arms viewers with the facts and shows that using crack multiplies the dangers of cocaine five to 10 times. An open–captioned version of the 15 minute videocassette is available with a teacher's manual for $115 plus 6% shipping.

TITLE	**I Live in an Alcoholic Family**
SUPPLIER	Sunburst Communications
ADDRESS	Room SK43, 39 Washington Avenue, Pleasantville, NY 10570–3493
PHONE	1–800–431–1934
DATE	1988
ABSTRACT	Using true–to–life stories, this program explores how three teenagers are helped to come to grips with the reality of having an alcoholic parent. Helps students in similar situations understand not only their own complex emotions but also the nature of addiction. Shows them that, as they learn to accept their parent's alcoholism as a disease that they didn't cause and can't control or cure, they will be better able to develop the inner strengths that enable them to get on with their own lives. Open–captioned version available with teacher's guide. May be purchased alone for $205 plus 6% shipping, or as part of a curriculum module.

TITLE	**Hope and Help**
SUPPLIER	Minnesota Documents Division
ADDRESS	117 University Avenue, St.Paul, MN 55155
PHONE	612/297-3979
DATE	1987
ABSTRACT	This is a series of five videotapes: tapes one and two deal with special problems faced by individuals with chemical dependency & hearing impairment (CD-HI). Tape three deals with Alcoholics Anonymous as a resource for CD-HI. Tape four deals with a guide for the CD-HI family member(s). Tape five is a guide for counselors and treatment staff serving CD-HI. All five tapes use American Sign Language, captioning and voice, and average 20 minutes in length per tape. Purchase price is $395.00 per set.

TITLE	**Student Workbook: Drug Abuse Resistance Education (DARE)**
SUPPLIER	Susan Floyd
ADDRESS	Special Services, 393 Hendersonville Rd., Asheville, NC 28803
PHONE	704-274-7955
DATE	1989
ABSTRACT	This is a brailled transcription of the regular print workbook intended for use in the regular classroom working with the DARE program which is a nationwide program. This material is not specifically geared toward any particular disability, and must be used under the instruction of a certified DARE instructor. There is no charge for loan; the purchase price can be an exchange of materials or money.

NOTE: **The following videos are also available on free loan from:** National Clearinghouse for Alcohol and Drug Information, Information Services, Box 2345, Rockville, MD 20852. You pay only the return postage.

TITLE	**Straight At Ya**
SUPPLIER	National AudioVisual Center
ADDRESS	8700 Edgeworth Drive, Capitol Heights, MD 20743-3701
PHONE	1-800-638-1300
DATE	1988
ABSTRACT	Kirk Cameron, teen favorite from ABC's "Growing Pains," is featured in this video set in a junior high classroom. Cameron replaces the class monitor who has been assigned to show a dated drug prevention film to a class. Discarding the out-of-date film, Cameron engages students in lively discussions about peer pressure, mustering the resolve to say no, and choosing a positive and healthy life style. Classroom scenes are supplemented by animation and flashbacks that give the students an opportunity to learn how they can effectively deal with real-life situations. (44 Minutes, Color, 8-page Teacher's Guide, Closed Captioned, VHS Order No. BLA17514. SALE: $27)

TITLE	**Downfall: Sports and Drugs**
SUPPLIER	National AudioVisual Center
ADDRESS	8700 Edgeworth Drive, Capitol Heights, MD 20743-3701
PHONE	1-800-638-1300
DATE	1988
ABSTRACT	This show profiles athletes whose careers were disrupted by drugs–especially steroids. Scenes of the athletes' past performances are mixed with present day, sobering interviews intended for junior and senior high school students. The video examines the consequences of drugs on all aspects of an athlete's life–career, family, friends, sense of accomplishment, and self-esteem. Athletes who compete drug-free are also featured. (30 Minutes, Color, 11-page Teacher's Guide, Closed Captioned, VHS Order No. BLA17523. SALE: $25)

TITLE	**Lookin' Good**
SUPPLIER	National AudioVisual Center
ADDRESS	8700 Edgeworth Drive, Capitol Heights, MD 20743-3701
PHONE	1-800-638-1300
DATE	1988
ABSTRACT	This series is based on actual incidents involving drug and alcohol use. The two programs spotlight refusal skills and show how a handful of concerned students–with the help of their school and community–build a peer support group to resist peer pressure to use drugs. Although these two dramas underscore the importance of prevention for junior high students, they also recognize that some students may have already been exposed to drugs and may need help. (52 Minutes, Color, 5-page Teacher's Guide, Closed Captioned, VHS Order No. BLA17517. SALE: $27)

TITLE	**1) Hard Facts** **2) Speak Up, Speak Out** **3) Dare to be Different**
SUPPLIER	National AudioVisual Center
ADDRESS	8700 Edgeworth Drive, Capitol Heights, MD 20743-3701
PHONE	1-800-638-1300
DATE	1988
ABSTRACT	*Three dramas for senior high students:* *Hard Facts*—A program that dramatizes the devastating effects that alcohol, marijuana, cocaine, and crack have on a high school class during the four years leading to graduation. *Speak Up*—Using the familiar scenario of a senior class trip, this program suggests techniques that students can use to resist peer pressure and say "no" to drug use. *Dare to be Different*—A friendship between to high school athletes in their senior year is used to illustrate the importance of goals and values in resisting pressures to use drugs. (56 Minutes, Color, 3-Panel Foldout Teacher's Guide, Closed Captioned, VHS Order No. BLA17520. SALE: $30)

TITLE	**Private Victories**
SUPPLIER	National AudioVisual Center
ADDRESS	8700 Edgeworth Drive, Capitol Heights, MD 20743-3701
PHONE	1-800-638-1300
DATE	1988
ABSTRACT	These four dramas intended for senior high students emphasize that young people can achieve private victories by caring enough about themselves to reject drugs. Students learn that deciding against drugs can influence friends to do the same. The stories focus on a group of high school students who experience first-hand the devastating effects that drug use can have on academic performance, health, and family relationships. (114 Minutes, Color, 22-page Teacher's Guide, Closed Captioned, VHS Order No. BLA17526. SALE: $45)

III. TREATMENT SELECTION CHECKLIST

(Adapted from Leone, PE; Trickett EJ, et al. (1987). ***The Adolescent Directory.*** University of Maryland, College Park: Department of Special Education.)

When looking for substance abuse treatment services, families, counselors, or others making a referral often must act quickly and, frequently, under stress or in crisis. Sometimes it is not even clear what questions to ask.

The Checklist that follows suggests questions which may be useful to families and professionals seeking additional information about a particular program.

When using the Checklist, it is not necessary to have all questions answered prior to referring a youngster to a treatment program. Some of the Checklist items, in fact, are only relevant to certain types of facilities or particular adolescents' problems. Ask those questions which seem important in the particular situation and add your own questions.

There is no single treatment or program which is appropriate for everyone. Each adolescent and each family has unique needs and concerns. It is helpful to determine which program(s) appear to most closely meet the needs and values of the adolescent requiring assistance and his/her family.

A. PHILOSOPHY AND PROGRAM STRUCTURE

1. How does the program view chemical dependency or substance abuse? (For example, does the program view drug or alcohol dependency as an illness? A mental health problem? Similarly, does the program view drug dependency as a primary or secondary problem?)

2. How does the program view disabilities? Is any substance use seen as an acceptable means to cope with severe physical or sensory disabilities?

3. Does the program offer residential, outpatient, detoxification, or aftercare treatment? How long does treatment average?

4. Are most admissions voluntary or involuntary? How are involuntary admissions handled?

5. Are adolescents treated separately or with adults? What is the gender and age breakdown of clients in treatment?

6. Does the facility treat clients with problems other than substance abuse? If so, are adolescents with substance abuse problems grouped with other clients?

7. What procedure is followed in a medical emergency? Where is the nearest hospital which is equipped to handle emergencies? Will transportation to the hospital be easily accessible to people with physical or sensory disabilities?

8. Is the treatment facility accessible to individuals with physical or sensory disabilities?

B. TREATMENT COMPONENTS

1. How are treatment goals for each adolescent determined? How is progress or success determined? How often is an individual treatment program reassessed? Is a related goal of treatment the full integration of adolescents with disabilities into society?

2. What is the structure of the program? What would a typical session, day, or week be like?

3. What types of therapy are used; how often are they provided and who provides them? (These might include therapies such as individual, small group, large group, family, multifamily groups, psychodrama, peer counseling, occupational.)

4. Does the program specifically address dual diagnosis (i.e., substance abuse in addition to other disabling conditions)? If so, how does treatment for adolescents with dual diagnosis differ from treatment for other adolescents? Are interpreters or supportive technologies provided? Are visual or audio materials adapted to special learning or sensory needs?

5. How frequently does the program treat adolescents with any particular type of physical or sensory disability?

6. Is involvement in self-help groups encouraged or incorporated into treatment? Are these groups open to adolescents?

7. Does treatment include an exercise regimen or wilderness program? How are these adapted to the needs of adolescents with physical or sensory disabilities? What is done to promote good nutrition and overall health? Will diets be adjusted to accommodate special health needs?

C. EDUCATION

1. What, if any, educational (academic) services are provided? Do these include special education services? How are these services incorporated into the total treatment program? Who teaches the classes offered?

2. Can academic credits earned be transferred to the adolescents' home school? Can a G.E.D. (General Educational Development) certificate be earned?

D. AFTERCARE

1. What support is provided as adolescents leave treatment and move toward full participation in school, work, or community activities? How long does the aftercare program typically last? Is the cost of aftercare included in the basic charge for treatment?

2. What are the characteristics of the adolescents most likely to complete the program successfully? How is successful program completion determined?

3. Do adolescents go to further treatment, halfway houses, or to long-term residential treatment facilities after discharge or completion of treatment at this facility? How are these made accessible to individuals with physical or sensory disabilities?

E. FAMILY INVOLVEMENT

1. Is the entire family included in the treatment, recovery, or aftercare process? If so, how? Are self-help groups recommended for family members?

2. Is there a particular staff member who is available to communicate with and answer questions of parents or guardians throughout treatment?

3. Are all components of family involvement accessible to family members with physical or sensory disabilities?

F. STAFF

1. What is the staff to adolescent ratio?

2. What are the qualifications of the staff (e.g., education, training, experience)? Does the staff include persons who are themselves recovering from alcohol or other substance abuse? Does the staff include persons with disabilities? Do staff members receive any training in disabilities or special health care needs?

3. How long have staff members been working in the program? Can an adolescent reasonably expect to have the same therapists and/or counselors throughout their initial and aftercare treatment programs?

4. Are there physicians, nurses, or other appropriate health care providers present at the program to handle special health care needs? During what hours? Are consultants available?

G. FINANCES

1. What is the cost of the treatment program? Are all charges included? If not, what extra expenses may be incurred (e.g., aftercare, urinalysis, or medications)?

2. Is the program qualified to receive insurance payments (e.g., Medicare, Medicaid, CHAMPUS)?

3. Does the program have a sliding fee scale? Does the program help families locate financial assistance?

CYDLINE Reviews

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National Center for Youth with Disabilities/Society for Adolescent Medicine

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